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## BIB DATA SHEET

CONFIRMATION NO. 2974

| SERIAL NUMBER                                                                                                                                                                                                                                                                                                                         | FILING or 371(c)<br>DATE                                                                                          | CLASS                                        | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.                                       |                     |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------|--------------------------------------------------------------|---------------------|---------------------------|
| 10/597,564                                                                                                                                                                                                                                                                                                                            | 07/31/2006                                                                                                        | 382                                          | 2624                            | NL 040087                                                    |                     |                           |
| <b>RULE</b>                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                              |                                 |                                                              |                     |                           |
| <b>APPLICANTS</b><br>Peter-Andre Redert, Eindhoven, NETHERLANDS;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IB05/50269 01/24/2005<br><b>** FOREIGN APPLICATIONS *****</b><br>EUROPEAN PATENT OFFICE (EPO) 04100384.9 02/03/2004<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>07/10/2008 |                                                                                                                   |                                              |                                 |                                                              |                     |                           |
| Foreign Priority claimed                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                               | <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b>         | <b>SHEETS DRAWINGS</b>                                       | <b>TOTAL CLAIMS</b> | <b>INDEPENDENT CLAIMS</b> |
| 35 USC 119(a-d) conditions met                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                               |                                              | NETHERLANDS                     | 5                                                            | 11                  | 3                         |
| Verified and                                                                                                                                                                                                                                                                                                                          | /THOMAS A CONWAY/<br>Examiner's Signature                                                                         |                                              | Initials                        |                                                              |                     |                           |
| <b>ADDRESS</b><br>PHILIPS INTELLECTUAL PROPERTY & STANDARDS<br>P.O. BOX 3001<br>BRIARCLIFF MANOR, NY 10510<br>UNITED STATES                                                                                                                                                                                                           |                                                                                                                   |                                              |                                 |                                                              |                     |                           |
| <b>TITLE</b><br>Creating a Depth Map                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                              |                                 |                                                              |                     |                           |
| <b>FILING FEE RECEIVED</b><br>900                                                                                                                                                                                                                                                                                                     | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                              |                                 | <input type="checkbox"/> All Fees                            |                     |                           |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                              |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                     |                           |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                              |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                     |                           |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                              |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                     |                           |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                              |                                 | <input type="checkbox"/> Other _____                         |                     |                           |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                              | <input type="checkbox"/> Credit |                                                              |                     |                           |